

**CALIFORNIA ASSISTIVE TECHNOLOGY EXCHANGE (CATE)
AT DEVICE LOAN FORM**

For CATE Use Only

☐ Data Needed
☐ Data Complete
☐ NISAT Data Entered

Transaction #: _____
(To Be Completed by CBO Staff Only)

Community-Based Organization (CBO) Identification

(To Be Completed by CBO Staff Only)

<input type="checkbox"/> ATEC	<input type="checkbox"/> CCATC	<input type="checkbox"/> KATC	<input type="checkbox"/> UCP	Staff: _____ FIRST NAME LAST NAME
<input type="checkbox"/> CALIF	<input type="checkbox"/> FREED	<input type="checkbox"/> SVILC	<input type="checkbox"/> RS	
<input type="checkbox"/> CART	<input type="checkbox"/> HRC	<input type="checkbox"/> TCILC	<input type="checkbox"/> CRIL	
				<input type="checkbox"/> ILSNC

Consumer Information

Today's Date: ____/____/____
MM DD YYYY

Last Name: _____ First Name: _____ Middle Initial: _____

Organization (if applicable): _____

Consumer Home Address Information:

Home Street Address: _____
STREET NUMBER STREET NAME APT NUMBER

City: _____ State: _____ Zip Code: _____

County: _____ Home Phone: _____ Cell Phone/Pager #: _____
XXX-XXX-XXXX (CIRCLE ONE) XXX-XXX-XXXX

Home Email: _____

Consumer Work Address Information:

Work Street Address: _____
STREET NUMBER STREET NAME SUITE

City: _____ State: _____ Zip Code: _____

County: _____ Work Phone: _____ Work Fax: _____
XXX-XXX-XXXX XXX-XXX-XXXX

Work Email: _____

Primary Purpose of Short-Term AT Device Loan: (Check Only One Box)

- ☐ Assist in decision making (device trial or evaluation)
☐ Serve as loaner during device repair or while waiting for funding
☐ Provide an accommodation on a short-term basis
☐ Other (Specify): _____

Purpose For Which AT Is Needed: (Check Only One Box)

☐ Education ☐ Employment ☐ Community Living ☐ IT/Telecommunications

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Type of Consumer: (Check Only One Box)

- ☐ Individuals with Disabilities
- ☐ Family Members, Guardians, and Authorized Representatives
- ☐ Representatives of Education
- ☐ Representatives of Employment
- ☐ Representatives of Health, Allied Health, and Rehabilitation
- ☐ Representatives of Community Living
- ☐ Representatives of Technology
- ☐ Other (Specify): _____

Type of Device Loaned: (Check Only One Box)

- | | |
|---|---|
| <ul style="list-style-type: none"><input type="checkbox"/> Vision<input type="checkbox"/> Hearing<input type="checkbox"/> Speech Communication<input type="checkbox"/> Learning, Cognition, and Developmental<input type="checkbox"/> Mobility, Seating and Positioning<input type="checkbox"/> Daily Living | <ul style="list-style-type: none"><input type="checkbox"/> Environmental Adaptations<input type="checkbox"/> Vehicle Modification and Transportation<input type="checkbox"/> Computers and Related<input type="checkbox"/> Recreation, Sports, and Leisure<input type="checkbox"/> Other (Specify): _____ |
|---|---|

Age Category: (Device End-User If Applicable, Check Only One Box)

- | | |
|---|---|
| <ul style="list-style-type: none"><input type="checkbox"/> Infant/Toddler (0-2 yrs)<input type="checkbox"/> Child (3-11 yrs)<input type="checkbox"/> Adolescent(12-18 yrs) | <ul style="list-style-type: none"><input type="checkbox"/> Adult (19-65 yrs)<input type="checkbox"/> Older Adult (66+ yrs) |
|---|---|

Disability Category: (Device End-User If Applicable – Check All That Apply)

- | | |
|--|--|
| <ul style="list-style-type: none"><input type="checkbox"/> Cognitive<input type="checkbox"/> Communication<input type="checkbox"/> Developmental Disability<input type="checkbox"/> Hearing | <ul style="list-style-type: none"><input type="checkbox"/> Learning<input type="checkbox"/> Mobility<input type="checkbox"/> Motor Dexterity<input type="checkbox"/> Visual |
|--|--|

Method of AT Device Equipment Delivery: (Check Only One Box)

- ☐ Pick Up from CBO ☐ Deliver to Work Address ☐ Deliver to Home Address

Length of Short-Term AT Device Loans: (Check Provided Box)

- | | | | |
|--|--|---|---|
| <ul style="list-style-type: none"><input type="checkbox"/> 2 Weeks<input type="checkbox"/> 3 Weeks<input type="checkbox"/> 4 Weeks | <ul style="list-style-type: none"><input type="checkbox"/> 5 Weeks<input type="checkbox"/> 6 Weeks<input type="checkbox"/> 7 Weeks | <ul style="list-style-type: none"><input type="checkbox"/> 8 Weeks<input type="checkbox"/> 9 Weeks<input type="checkbox"/> 10 Weeks | <ul style="list-style-type: none"><input type="checkbox"/> 11 Weeks<input type="checkbox"/> 12 Weeks |
|--|--|---|---|

Start Date of AT Device Loan: ____/____/____
MM DD YYYY

Return Date of AT Device Loan: ____/____/____
MM DD YYYY

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AT Device Borrowed:

#	Item Name	Inventory #	# of Items
1			
2			
3			
4			
5			

Each of the above items are required to be returned back to the CBO on or before:

____/____/____
MM DD YYYY

AT Device Borrower Signature: _____

Date of Signature: ____/____/____
MM DD YYYY

#	Extension Start Request Date	Extension End Request Date
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		